



HEART AND VASCULAR INSTITUTE  
STRUCTURAL HEART DISEASE FELLOWSHIP  
2139 Auburn Ave. | Cincinnati, OH 45219  
513-585-2656

**PROCEDURE LOG, PLEASE LIST NUMBERS**

Procedure Summary Name of Physician:

Name of Institution:

Total Months spent in the Cath Lab:

**Served as a primary fellow on the following cases:**

Left Heart Catheterization:

Right Heart Catheterization:

Endomyocardial biopsy:

**Coronary Interventions:**

- PCI:

- STEMI PCIs:

- CTO PCIs:

**Closure devices:**

Pericardiocentesis:

IABP:

Mechanical circulatory support (ECMO/Axial Pumps):

IVUS:

FFR:

PFO/ASD closure:

Balloon Aortic Valvuloplasty:

Balloon Mitral Valvuloplasty:

Alcohol Septal Ablation:

**Others:**

**Assisted as secondary fellow on the following cases:**

**Observed other cases:**

**To the Applicant: Your Cath Lab Director must review and sign your Procedure Summary Log as verification of your submitted data. This can be done electronically with the Adobe signature tool or printed, signed, and scanned. The applicant must also sign to attest to the data. Completed forms should be emailed with the completed application to [Lisa.Ambach@TheChristHospital.com](mailto:Lisa.Ambach@TheChristHospital.com).**

CATH LAB DIRECTOR NAME:

DIRECTOR SIGNATURE:

DATE:

APPLICANT SIGNATURE:

DATE: